

EXHIBIT A

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
OFFICE OF PROPERTY/CASUALTY
FILING SOURCE DOCUMENT
PERSONAL / COMMERCIAL LINES

FOR DEPARTMENT USE ONLY	
FILE NO:	DATE RECEIVED:
ANALYST:	LETTER DATE:

CODE**TYPE OR PRINT THE FOLLOWING INFORMATION**

1. MARKET: (Choose One) Commercial ☐ Personal ☐
2. TYPE OF FILING: (Check All Applicable Boxes) Rate ☐ Rule ☐ Form ☐ Other ☐
Plain Language Certification ☐

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3. PROPOSED EFFECTIVE DATE: NEW BUSINESS |_|_|/|_|_|/|_|_|_|_|
RENEWALS |_|_|/|_|_|/|_|_|_|_|

4. COMPANY NAME GROUP # NAIC #

5. LINE	6. SUBLINE	7. PROGRAM NAME	DEPARTMENT USE ONLY
			CODE
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FOR BUREAU USE ONLY

8. BUREAU DESIGNATION # :

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9. Does this filing contain any provisions previously disapproved by the New Jersey Insurance Department? Yes [] No []

If yes, provide the New Jersey Department File # _____

10. Does this filing change Rates, Rules or Forms currently approved and on file with the New Jersey Insurance Department? Yes [] No []

If yes, provide the following: New Jersey Department File # _____
Effective Date _____

11. Is this filing identical to another submission filed for use in New Jersey by another carrier? Yes [] No []

If yes, provide the following: New Jersey Department File # _____
Company Name _____

12. Enter applicable Annual Statement Statutory Page 14 line of business number(s) for the line of insurance being filed. Line No. _____

13. Does this filing have an impact on rates charged to insureds? Yes [] No []

If yes, provide the following: Overall Percentage Change _____
Dollar Impact _____
Number of exposures affected by change _____
How measured (# of drivers, policies, etc.) _____
Range of increase/decrease per insured _____ %
Current and Proposed Statewide Average Premium _____
(For Homeowners show separately for owner and tenant forms)

AFFIDAVIT OF COMPLIANCE

The attached filing, to the best of my knowledge and belief, fully conforms to all pertinent State of New Jersey laws, and New Jersey Department of Banking and Insurance rules and requirements. The attached filing, to the best of my knowledge and belief, contains no provisions previously disapproved by the New Jersey Department of Banking and Insurance or its predecessors, except as specifically noted above.

Name (Please Print) : _____

Signature : _____

Title : _____

Phone # : _____

Fax # : _____

E-Mail Address : _____